

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

Troy University

* b. Employer/Taxpayer Identification Number (EIN/TIN):

63-6001102

* c. Organizational DUNS:

072090939

d. Address:

* Street1:

600 University Avenue

Street2:

* City:

Troy

County/Parish:

* State:

AL

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

36082-0001

e. Organizational Unit:

Department Name:

Biological & Environmental Sciences

Division Name:

College of Arts & Sciences

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Dr.

* First Name:

Brian

Middle Name:

* Last Name:

Helms

Suffix:

Title: Assistant Professor

Organizational Affiliation:

Assistant Professor

* Telephone Number:

334-670-3932

Fax Number:

* Email:

helmsb@troy.edu

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.951

CFDA Title:

Environmental Education Grants

*** 12. Funding Opportunity Number:**

EPA-EE-18-04

* Title:

Environmental Education Local Grants Program for Region 4 -- Solicitation Notice for 2018

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

DEEP SOUTH STUDENT LEADERSHIP and ENVIRONMENTAL ACTION PROGRAM (LEAP).
Environmental education program targeted to high school junior and seniors in Black Belt of AL.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

* a. Applicant

AL-02

* b. Program/Project

AL-02

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

8/01/2019

* b. End Date:

9/30/2021

18. Estimated Funding (\$):

* a. Federal

100,000.00

* b. Applicant

38,592.00

* c. State

0.00

* d. Local

0.00

* e. Other

0.00

* f. Program Income

0.00

* g. TOTAL

138,592.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**☐ a. This application was made available to the State under the Executive Order 12372 Process for review on ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☒ c. Program is not covered by E.O. 12372.*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

* First Name:

Jack

Middle Name:

* Last Name:

Hawkins

Suffix:

* Title:

Chancellor

* Telephone Number:

334-670-3200

Fax Number:

334-670-3774

* Email:

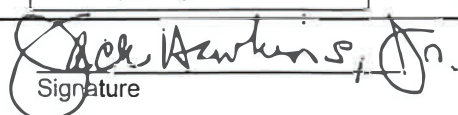
jhawkins@troy.edu

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.

 8/8/2019
Signature